

This section to be completed and signed by student and parent/guardian – return to your local school class facilitator.

I have read and understand the DIAL Virtual School student policy and agree to comply with this policy.

Student signature

Date

DIAL Class you are enrolled in

Parent or Guardian contact information:

Name: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Parent or Guardian signature

Date

School Administrator signature

Date

A copy of this signed agreement will be maintained in the student's records at his/her school. This must be completed within two weeks after the start of a class.